

Headquarters, Rocky Mountain Region

Staff Meeting Sign In Roster

DATE: _____

Please PRINT your rank and name legibly and indicate how many CAP hours you have volunteered since last sign in.

	RANK	PRINT NAME	UNIT
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SAFETY TOPIC COVERED:

ADMINISTRATION AND PERSONNEL

FUNDS MANAGEMENT

CADET PROGRAMS: (Brief Description)

EMERGENCY SERVICES/OPS/FEMA

LOGISTICS/COMMUNICATIONS

PROMOTIONS/AWARDS: (List name and award/promotion)

USE THE REMAINING SPACE FOR ANY ADDITIONAL INFORMATION FROM ABOVE OR NOTES TO WING.
PLEASE USE A SEPARATE CHECK-IN ROSTER FOR ACTIVITIES BETWEEN MEETINGS

CONTINUED